CERTIFICATE OF COMPLETION

This verifies that	This verifies that	
(Meal Site Coordinator)	(Meal Site Coordinator)	
epresenting		representi
(meal site name)	(meal site name)	
located in,	in ,	I
(city & state)	(city & state)	
successfully completed	successfully completed	
Idaho Commission on Aging Nutrition Program's	sion on Aging Nutrition Program's	Idaho (
Meal Site Coordinator Foundations	Coordinator Foundations	Mea
on		
(date)	(date)	



Facilitator	
	_
Title	

Idaho Area Agency on Aging Name